



Animal and  
Plant Health  
Inspection  
Service

April 16, 2015

Policy and Program  
Development

Environmental and  
Risk Analysis  
Services, Unit 149

4700 River Road  
Riverdale, MD  
20737

Document Processing Desk [6(a)(2)]  
Office of Pesticide Programs (7504P)  
Ariel Rios Building  
U.S. Environmental Protection Agency  
1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460-0001

ATTN: Mr. Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) quarterly report: aggregate adverse effect incidents dated January and February 2015 for the reporting period ending April 30, 2015**

During this reporting period, the following APHIS-registered pesticide product was involved in adverse incidents:

EPA Reg. No. 56228-15  
Active Ingredient:  
Sodium Cyanide

M-44 Cyanide Capsules  
CAS No. 143-33-9

Incident Category  
D-A

No. of Incidents  
5

Details of the incidents (involving the deaths of five domestic dogs) can be found in the enclosures.

Please direct any questions pertaining to this adverse incident report to Jeffery W. Jones at (301)851-4001 or e-mail [Jeffery.W.Jones@aphis.usda.gov](mailto:Jeffery.W.Jones@aphis.usda.gov).

Sincerely,

David S. Reinhold  
Chief, Environmental and Risk Analysis Services

Enclosures (5)

P. Darrow, USDA, APHIS, WS, Pocatello Supply Depot, Pocatello, ID (sent electronically)

APHIS:PPD:DS:K Walker:kw:851-3900:04-16-15:i:\ppd\es\DataSupport\ws\pesticides\6(a)(2)\fy2015\04-16-15aggdrpt.docx

A collection of 15 small, stylized line drawings of various birds, arranged in a grid-like fashion. The birds include shorebirds, waterfowl, and songbirds, each depicted in a simple, clean line-art style.

-001  
RECEIVED

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

JAN 27 1995

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

|   |   |  |  |                              |
|---|---|--|--|------------------------------|
| INCIDENT CODE<br><b>DA</b>  | INCIDENT STATUS                                 |  | DATE WS BECAME AWARE OF THE INCIDENT<br><b>1-15-15</b>   | ES USE ONLY<br>REPORT NUMBER |
|   | Date<br><input checked="" type="checkbox"/> New | Date of last submission<br><input type="checkbox"/> Update |  |                              |
| EMPLOYEE NAME (To contact for additional information)<br><b>Ron Jones</b>                                     |   | TELEPHONE NUMBER<br><b>575-708-0913</b>                    | CONTACT NAME (If Non-APHIS)  |                              |
| DUTY STATION ADDRESS<br><b>3574 QR 60</b>   |   | ADDRESS  |  |                              |
| INCIDENT LOCATION   |   |  | SOURCE OF INFORMATION  |                              |
| CITY<br><b>TULUMCARI</b>  | STATE<br><b>NM</b>                              | COUNTY<br><b>QUAY</b>                                      | <input checked="" type="checkbox"/> Self<br><input type="checkbox"/> Telephone Call<br><input type="checkbox"/> Letter<br><input type="checkbox"/> Media<br><input type="checkbox"/> Oral Report<br><input type="checkbox"/> Other |                              |
| EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)<br><b>M-44 cyanide capsule fired.</b> |   |  |  |                              |

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

**Rangeland / Pasture**

**M-44 Capsule fired when activated by domestic dog.**

|  |   |   |   |
|--|---|---|---|
| EPA REGISTRATION NUMBER<br><b>56328-15</b>   | PRODUCT NAME<br><b>M-44 Capsule</b>         | ACTIVE INGREDIENT<br><b>91.6 Sodium Cyanide</b>   |   |
| WAS THE PRODUCT<br><input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted | WHAT WAS THE DILUTION RATIO (If applicable) | WERE THE LABEL DIRECTIONS FOLLOWED<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | WAS THE APPLICATOR CERTIFIED (If applicable)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes

☒ No

**All M-44 EPA Use Restrictions were followed.**

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

**Placed M-44 units on Coropator, To Control Predation on Lambs that had occurred. When units were checked 12-15-15 found that a dog had pulled the unit. Owner was notified.**

|  |                               |   |                        |
|--|-------------------------------|---|------------------------|
| NAME OF PREPARER<br><b>Ron Jones</b>   | SIGNATURE<br><b>Ron Jones</b> | TELEPHONE NUMBER<br><b>575-708-0913</b> | DATE<br><b>1-15-15</b> |
| NAME OF SUPERVISOR<br><b>Jon Grant</b> | SIGNATURE<br><b>Jon Grant</b> | TELEPHONE NUMBER<br><b>505-346-2640</b> | DATE<br><b>1-27-15</b> |

# DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

Domestic Dog

BREED (If known)

LAB

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Dog activated M-44 sodium cyanide ejector and died at site.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

NO

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

One domestic dog killed.

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

N/A

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 were set on Rangeland (Pasture) according to label. All use restrictions were followed. Dog was a pet belonging to a neighbor. The owner was notified.

ADDITIONAL FACTORS

M-44's were set to control coyotes that had killed 1 Registered lamb. All units were placed on Private land.

NAME OF PREPARER

Ron Jones

SIGNATURE

*Ron Jones*

DATE

1-27-15

NAME OF SUPERVISOR

Jon Grant

SIGNATURE

*Jon Grant*

DATE

1-27-15

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

-002

|  |  |  |  |                               |
|--|--|--|--|-------------------------------|
| INCIDENT CODE<br><b>D-A</b>  | INCIDENT STATUS  |  | DATE WS BECAME AWARE<br>OF THE INCIDENT<br><b>1-20-15</b>  | DST USE ONLY<br>REPORT NUMBER |
|  | Date<br><input checked="" type="checkbox"/> New <b>1-20-15</b> | <input type="checkbox"/> Update  |  |                               |
| EMPLOYEE NAME (To contact for additional information)<br><b>William Hodges</b>   | TELEPHONE NUMBER<br><b>540-660-2977</b>                        | CONTACT NAME (If Non-APHIS or different from reporter)   |  | TELEPHONE NUMBER              |
| DUTY STATION ADDRESS<br><b>105B Ponderosa Dr.<br/>Christiansburg VA 24073</b>  |  | ADDRESS  |  |                               |
| INCIDENT LOCATION  |  | SOURCE OF INFORMATION  |  |                               |
| CITY<br><b>Dry Fork</b>  | STATE<br><b>VA</b>   | COUNTY<br><b>Pittsylvania</b>  | <input type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter<br><input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other |                               |
| EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)<br><b>m-44 pulled by dog.</b>  |  |  |  |                               |
| INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))<br><b>PASTURE</b> |  | SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicator equipment, during manufacturing/formulation)<br><b>LIVESTOCK PROTECTION</b> |  |                               |
| EPA REGISTRATION NUMBER<br><b>56228-15</b>   | PRODUCT NAME<br><b>M-44 CYANIDE CAPSULES</b>                   | ACTIVE INGREDIENT<br><b>Sodium Cyanide</b>   |  |                               |
| WAS THE PRODUCT <b>NA</b><br><input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted   | WHAT WAS THE DILUTION RATIO (if applicable)                    | WERE THE LABEL DIRECTIONS FOLLOWED<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | WAS THE APPLICATOR CERTIFIED (if applicable)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                               |
| IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |  |  |                               |

SUMMARY OF THE INCIDENT (Attach supplemental form)

**LANDOWNERS dog ESCAPED FROM LOT AND pulled M-44 CAUSING DEATH OF dog.**

|   |                                 |   |                        |
|---|---------------------------------|---|------------------------|
| NAME OF PREPARER<br><b>William Hodges</b> | SIGNATURE<br><i>[Signature]</i> | TELEPHONE NUMBER<br><b>540-660-2977</b> | DATE<br><b>1-20-15</b> |
| NAME OF SUPERVISOR<br><b>Chad Fox</b>     | SIGNATURE<br><i>[Signature]</i> | TELEPHONE NUMBER<br><b>340-381-7387</b> | DATE<br><b>1-30-15</b> |

WS FORM 160 (DRAFT)

| DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM  |  | DST USE ONLY                    |
|---|--|---------------------------------|
|   |  | REPORT NUMBER                   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> <p><b>"X" ONE</b></p> <p> <input type="checkbox"/> Amphibian   <input type="checkbox"/> Fish   <input type="checkbox"/> Bird   <input checked="" type="checkbox"/> Mammal   <input type="checkbox"/> Invertebrate   <input type="checkbox"/> Reptile   <input type="checkbox"/> Plant </p> </div> <div style="width: 40%;"> <p><b>"X" ONE</b></p> <p> <input checked="" type="checkbox"/> Domestic   <input type="checkbox"/> Wild </p> </div> </div>  |  | <p>NUMBER OR ACRES AFFECTED</p> |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> <p>SPECIES COMMON NAME <u>Dog</u></p> </div> <div style="width: 40%;"> <p>BREED (if known) <u>Beagle</u></p> </div> </div>   |  |                                 |
| <p>DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS</p> <p style="font-size: 1.2em;">Death of dog</p>  |  |                                 |
| <p>IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):</p> <p style="font-size: 1.2em;">NO</p>  |  |                                 |
| <p>MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)</p> <p style="font-size: 1.2em;">NO</p>   |  |                                 |
| <p>PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)</p> <p style="font-size: 1.2em;">w/ 26 use restrictions</p>  |  |                                 |
| <p>WAS PREBATING USED ON THE SITE (Describe)</p> <p> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No </p>   |  |                                 |
| <p>DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED</p> <p style="font-size: 1.2em;">PASTURE</p>  |  |                                 |
| <p>ADDITIONAL FACTORS</p>   |  |                                 |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>NAME OF PREPARER</p> <p><u>William Hayes</u></p> </div> <div style="width: 30%;"> <p>SIGNATURE</p> <p><u>William Hayes</u></p> </div> <div style="width: 30%;"> <p>DATE</p> <p><u>1-20-2015</u></p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>NAME OF SUPERVISOR</p> <p><u>Chad Fox</u></p> </div> <div style="width: 30%;"> <p>SIGNATURE</p> <p><u>Chad Fox</u></p> </div> <div style="width: 30%;"> <p>DATE</p> <p><u>1-30-15</u></p> </div> </div> |  |                                 |


WS FORM 150B (DRAFT)

\*Personal privacy information\*

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

|  |   |  |                              |
|--|---|--|------------------------------|
| INCIDENT CODE<br><b>DA</b>               | INCIDENT STATUS<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Up date | DATE WS BECAME AWARE OF THE INCIDENT<br><b>Feb 3, 2018</b> | ES USE ONLY<br>REPORT NUMBER |
| EMPLOYEE NAME<br><b>Greg Ashabranner</b> | TELEPHONE NUMBER<br><b>979/637-7519</b>   | CONTACT NAME (If Non-APHIS)                                | TELEPHONE NUMBER             |

|   |         |
|---|---------|
| DUTY STATION ADDRESS<br> | ADDRESS |
|---|---------|

|                      |                    |                       |   |
|----------------------|--------------------|-----------------------|---|
| CITY<br><b>Leona</b> | STATE<br><b>Tx</b> | COUNTY<br><b>Leon</b> | SOURCE OF INFORMATION<br><input type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter<br><input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other |
|----------------------|--------------------|-----------------------|---|

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)  
**direct exposure to sodium cyanide**



INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (peach orchard), rangeland/pasture, noncrop area, fallow field, public lands, city area (specify), right-of-way (rail, utility, highway))  
**Agriculture - pasture**

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT. (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)  
**application of M-44 devices (sodium cyanide) for control of depredating wild canids**

|  |   |   |
|--|---|---|
| EPA REGISTRATION NUMBER<br><b>56228-15</b>   | PRODUCT NAME<br><b>Sodium cyanide capsule</b>             | ACTIVE INGREDIENT<br><b>sodium cyanide</b>  |
| WAS THE PRODUCT<br><input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted | WHAT WAS THE DILUTION RATIO (If applicable)<br><b>N/A</b> | WERE THE LABEL DIRECTIONS FOLLOWED<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No           |
| IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)  |   | WAS THE APPLICATOR CERTIFIED (If applicable)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  |   |   |

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

**Free ranging dog (domestic cow dog) pulled on M-44 device placed for control of wild canids.**

|   |  |   |                        |
|---|--|---|------------------------|
| NAME OF PREPARER<br><b>Gary McEwen for Greg Ashabranner</b> | SIGNATURE<br> | TELEPHONE NUMBER<br><b>979/845-6201</b> | DATE<br><b>2/23/18</b> |
| NAME OF SUPERVISOR<br><b>Gary McEwen</b>                    | SIGNATURE<br> | TELEPHONE NUMBER<br><b>979/845-6201</b> | DATE<br><b>2/23/18</b> |

# DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED  
Immediate location  
of device

SPECIES COMMON NAME

domestic dog

BREED (if known)

Cur

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

dead dog

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

Immediate location of device (1 square foot, 1 dead dog)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

10 devices on 800 acre property

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

post oak savannah (agriculture)

ADDITIONAL FACTORS

NAME OF PREPARER

Gary McEwen

For Greg Ashabranner

SIGNATURE

[Signature]

DATE

2/23/15

NAME OF SUPERVISOR

Gary McEwen

SIGNATURE

[Signature]

DATE

2/23/15



U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

-004

**6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT**

|   |  |  |  |                              |
|---|--|--|--|------------------------------|
| INCIDENT CODE<br><b>D-A</b>   | INCIDENT STATUS  |  | DATE WS BECAME AWARE OF THE INCIDENT<br><b>2/10/15</b>   | ES USE ONLY<br>REPORT NUMBER |
|   | Date<br><input checked="" type="checkbox"/> New <b>2/10/15</b> | Date of last submission<br><input type="checkbox"/> Update |  |                              |
| EMPLOYEE NAME (To contact for additional information)<br><b>Chad Fox</b>  |  | TELEPHONE NUMBER<br><b>540-381-7387</b>                    | CONTACT NAME (If Non-APHIS)<br><b>Martin Farrin</b>  | TELEPHONE NUMBER             |
| DUTY STATION ADDRESS<br><b>105 B Ponderosa Dr.<br/>Christiansburg, VA</b> |  |  | ADDRESS  |                              |
| INCIDENT LOCATION   |  |  | SOURCE OF INFORMATION  |                              |
| CITY<br><b>Narrows</b>  | STATE<br><b>VA</b>   | COUNTY<br><b>Giles</b>                                     | <input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter<br><input type="checkbox"/> Media <input checked="" type="checkbox"/> Oral Report <input type="checkbox"/> Other |                              |

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

**M44 pulled by guarding dog owned by cooperator**

|  |   |
|--|---|
| INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]<br><br><b>pasture</b> | SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)<br><br><b>livestock protection</b> |
|--|---|

|   |   |   |
|---|---|---|
| EPA REGISTRATION NUMBER<br><b>56228-15</b>  | PRODUCT NAME<br><b>m44 cyanide capsules</b>               | ACTIVE INGREDIENT<br><b>sodium cyanide</b>  |
| WAS THE PRODUCT<br><input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted | WHAT WAS THE DILUTION RATIO (if applicable)<br><b>N/A</b> | WERE THE LABEL DIRECTIONS FOLLOWED<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No           |
|   |   | WAS THE APPLICATOR CERTIFIED (if applicable)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes    ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

**Cooperator requested work and kept dog secured. Dog escaped and pulled m44 device. Guarding dog had failed to protect sheep.**

|   |                                  |   |                        |
|---|----------------------------------|---|------------------------|
| NAME OF PREPARER<br><b>Chad Fox</b>       | SIGNATURE<br><i>Chad Fox</i>     | TELEPHONE NUMBER<br><b>540-381-7387</b> | DATE<br><b>2/10/15</b> |
| NAME OF SUPERVISOR<br><b>Scott Barras</b> | SIGNATURE<br><i>Scott Barras</i> | TELEPHONE NUMBER<br><b>804-839-7739</b> | DATE<br><b>2/10/15</b> |

| DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM   |                    | ES USE ONLY                            |
|--|--------------------|--|
|  |                    | REPORT NUMBER                          |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>"X" ONE</b><br/> <input type="checkbox"/> Amphibian   <input type="checkbox"/> Fish   <input type="checkbox"/> Bird   <input checked="" type="checkbox"/> Mammal   <input type="checkbox"/> Invertebrate   <input type="checkbox"/> Reptile   <input type="checkbox"/> Plant </div> <div style="width: 45%;"> <b>"X" ONE</b><br/> <input checked="" type="checkbox"/> Domestic   <input type="checkbox"/> Wild </div> </div> |                    | NUMBER OR ACRES AFFECTED               |
| SPECIES COMMON NAME <u>dog</u>   |                    | BREED (if known) <u>Great Pyrenees</u> |
| DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS<br><br><div style="text-align: center; font-size: 1.2em;">dog was found dead near pulled my4 device</div>  |                    |  |
| IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):<br><br><div style="text-align: center; font-size: 1.2em;">N/A</div>  |                    |  |
| MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)<br><br><div style="text-align: center; font-size: 1.2em;">N/A</div>   |                    |  |
| PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)<br><br><div style="text-align: center; font-size: 1.2em;">w/ 26 use restrictions</div>   |                    |  |
| WAS PREBAITING USED ON THE SITE (Describe)<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                    |  |
| DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED<br><br><div style="text-align: center; font-size: 1.2em;">pasture</div>   |                    |  |
| ADDITIONAL FACTORS<br><br><div style="text-align: center; font-size: 1.2em;">N/A</div>   |                    |  |
| NAME OF PREPARER   | SIGNATURE          | DATE                                   |
| <u>Chad Fox</u>  | <u>[Signature]</u> | <u>2/10/15</u>                         |
| NAME OF SUPERVISOR   | SIGNATURE          | DATE                                   |
| <u>Scott C. [Signature]</u>  | <u>[Signature]</u> | <u>2/24/15</u>                         |

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

-005

**6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT**

|                            |   |  |  |                              |
|----------------------------|---|--|--|------------------------------|
| INCIDENT CODE<br><b>DA</b> | INCIDENT STATUS                                 |  | DATE WS BECAME AWARE OF THE INCIDENT<br><b>2/12/15</b> | ES USE ONLY<br>REPORT NUMBER |
|                            | Date<br><input checked="" type="checkbox"/> New | Date of last submission<br><input type="checkbox"/> Update |  |                              |

|   |   |                             |                  |
|---|---|-----------------------------|------------------|
| EMPLOYEE NAME (To contact for additional information)<br><b>John I. Calentine</b> | TELEPHONE NUMBER<br><b>830/379-8099</b> | CONTACT NAME (If Non APHIS) | TELEPHONE NUMBER |
|---|---|-----------------------------|------------------|

|  |         |
|--|---------|
| DUTY STATION ADDRESS<br> | ADDRESS |
|--|---------|

|                       |                    |                         |  |  |
|-----------------------|--------------------|-------------------------|--|--|
| INCIDENT LOCATION     |                    |                         | SOURCE OF INFORMATION  |  |
| CITY<br><b>Shiner</b> | STATE<br><b>TX</b> | COUNTY<br><b>Lavaca</b> | <input type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter<br><input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other |  |

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

|   |  |   |  |
|---|--|---|--|
| <b>direct contact with M-44 device (sodium cyanide)</b><br>INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))<br><b>Pasture/rangeland (agriculture)</b> |  | SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)<br><b>M-44 device placed for depredating coyotes</b> |  |
|---|--|---|--|

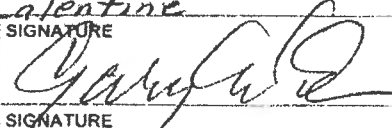
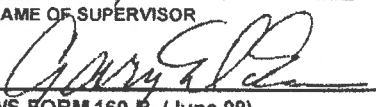
|   |   |   |
|---|---|---|
| EPA REGISTRATION NUMBER<br><b>56228-15</b>  | PRODUCT NAME<br><b>sodium cyanide</b>       | ACTIVE INGREDIENT<br><b>sodium cyanide</b>  |
| WAS THE PRODUCT<br><input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted                | WHAT WAS THE DILUTION RATIO (If applicable) | WERE THE LABEL DIRECTIONS FOLLOWED<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| WAS THE APPLICATOR CERTIFIED (If applicable)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |   |

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes    ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

**Mr Calentine placed M-44s in pasture for protection of cattle/calves from coyote predation. Domestic, free ranging pet dog entered property & pulled the device. Animal was killed by Sodium cyanide. Animal probably killed on 2/11/15.**

|  |  |   |                        |
|--|--|---|------------------------|
| NAME OF PREPARER<br><b>Gary McEwen</b>   | SIGNATURE<br> | TELEPHONE NUMBER<br><b>979/845-6201</b> | DATE<br><b>2/12/15</b> |
| NAME OF SUPERVISOR<br> | SIGNATURE<br><b>Gary McEwen</b>  | TELEPHONE NUMBER<br><b>979/845-6201</b> | DATE<br><b>2/12/15</b> |

\*Personal privacy information\*

# DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

DST USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

N/A <sup>except</sup> location of down

SPECIES COMMON NAME

domestic dog

SPEED (if known)

Catahoula

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

dead dog

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

None

MAGNITUDE OF THE EFFECT (e.g., miles of stream, square area of terrestrial habitat)

limited to the dead dog.

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

10 M-44 devices in a 144 acre pasture. Devices inspected and baited weekly.

WAS FURFURANTZ USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

agriculture - pasture/rangeland

ADDITIONAL FACTORS

CCCC  
CCCC  
CCCC  
CCCC

CCCCC  
CCCC  
CCCC  
CCCC  
CCCC

NAME OF PREPARER

Gary McEwen for John Calentine

SIGNATURE

*[Signature]*

DATE

2/12/15

NAME OF SUPERVISOR

*[Signature]* Gary McEwen

SIGNATURE

DATE

2/12/15

WS FORM 1003 (2007)